



Introduction to THOR supplement

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Welcome to the Trauma, Hemostasis, Oxygenation, and Research (THOR) Network's fourth supplement in TRANSFUSION. As in the previous years, the manuscripts presented in this supplement highlight the presentations from our annual meeting in Bergen, Norway.

The first THOR conference was in 2011, and looking back at that conference agenda and at the first THOR supplement, the changes are apparent. In the early years, the agenda was heavily weighted toward analysis of retrospective databases and pathophysiology after traumatic bleeding. In this issue, the focus shifts to reporting actual civilian use and consequences of low-titer group O whole blood (LTOWB) for bleeding trauma patients.

The evidence for early blood product administration is increasing,¹ and in particular for the use of plasma early in the resuscitation for selected patients.²⁻⁴ In recent years, more centers are taking up the challenge of adding LTOWB to their inventory. Yazer and Spinella describe the increasing numbers of centers that are using LTOWB as part of the trauma pathway. We have reports from the Israeli search and rescue unit's experience of transfusing LTOWB in the prehospital setting and the use of LTOWB for law enforcement tactical teams, along with a multicenter case series of LTOWB use in postpartum hemorrhage.

One question always asked is the efficacy of LTOWB compared to component therapy. Along those lines, there were several presentations on the appropriate use of blood products in trauma and massive bleeding resuscitation, including a thought-provoking cohort study of outcomes in traumatically injured patients who received LTOWB compared to those who were resuscitated with conventional components. In this study, Shea et al. found that not only did the LTOWB recipients have improved outcomes but that administration of LTOWB seemed to ameliorate the survival disadvantage of having a low maximum clot firmness as measured on rotational thromboelastography among the conventional component recipients. While these interesting findings await verification in larger, prospective trials, they are certainly encouraging and add to the growing literature on the use of LTOWB in trauma resuscitation.

Barriers to implementation of whole blood for bleeding trauma include concerns about safety, particularly concerns around the cold platelets present and the risk of the group O plasma containing anti-As and anti-Bs that may cause donor-recipient harm. Harrold et al. examined hemolytic markers

among group O and non-group O recipients of LTOWB. These authors found no laboratory or clinical evidence of hemolysis, highlighting the serologic safety of administering up to 6 units of LTOWB in civilian trauma resuscitation.

This year's THOR supplement highlights the changes that have occurred and demonstrates that LTOWB is at least as safe as, and indeed possibly better than, component therapy. Importantly, these changes are being implemented in civilian practices.

Thank you for your interest in the THOR supplement. We hope that you find these studies interesting and thought provoking as we continue to refine our approach to resuscitating massively bleeding patients, and we look forward to seeing you at our meetings in Bergen and in conjunction with the AABB annual meeting!

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